



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
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| D | D |
| 0 | 1 |

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| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

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| 3 | 0 |

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| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |            |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|------------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 7 |  | 1038787.58 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |            |
| 2   | 0                       | 0                                 | 7 |   |   |   |   |   |  |            |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 886851.06               |                                   |   |   |   |   |   |   |  |            |
| (c) Total Receipts (from Line 19) .....   | 120007.24               | 468931.16                         |   |   |   |   |   |   |  |            |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 1006858.30              | 1507718.74                        |   |   |   |   |   |   |  |            |
| 7. Total Disbursements (from Line 31) .....   | 205835.12               | 706695.56                         |   |   |   |   |   |   |  |            |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 801023.18               | 801023.18                         |   |   |   |   |   |   |  |            |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |            |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |            |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 6 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 36596.86                      | 150658.90                         |
| (i) Itemized (use Schedule A) .....  | 33079.51                      | 86064.94                          |
| (ii) Unitemized .....  | 69676.37                      | 236723.84                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 6250.00                           |
| (c) Other Political Committees (such as PACs) .....  | 69676.37                      | 242973.84                         |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     |                               |                                   |
| 12. Transfers From Affiliated/Other Party Committees .....   | 50000.00                      | 223900.00                         |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 330.87                        | 2057.32                           |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 120007.24                     | 468931.16                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 120007.24                     | 468931.16                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 285.12                                | 3592.46                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 285.12                                | 3592.46                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 205550.00                             | 702350.00                                 |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 750.00                                    |
| (b) Political Party Committees .....   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                                  | 750.00                                    |
| 29. Other Disbursements.....   | 0.00                                  | 3.10                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                                       |   |
| (a) Shared Federal Election Activity (from Schedule H6)  |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 205835.12                             | 706695.56                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 205835.12                             | 706695.56                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 .....         | 69676.37                      | 242973.84                         |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 750.00                            |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 69676.37                      | 242223.84                         |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 285.12                        | 3592.46                           |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 285.12                        | 3592.46                           |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |             |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 6 / 92 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |             |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |             |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edward Andersen

Mailing Address 100 East LeFevre Road

City Sterling State IL Zip Code 61081-1279

FEC ID number of contributing federal political committee. **C**

Name of Employer CGH Medical Center Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2007

**Transaction ID:** 14233056

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City Quincy State IL Zip Code 62301-6380

FEC ID number of contributing federal political committee. **C**

Name of Employer Blessing Hospital Occupation President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 04 / 2007

**Transaction ID:** 14233057

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Darrell Blaylock

Mailing Address 859 Sanctuary Blvd

City Lake Villa State IL Zip Code 60046-7846

FEC ID number of contributing federal political committee. **C**

Name of Employer Vista Medical Center East Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2007

**Transaction ID:** 14233058

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 92  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              |                              | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr Edgar J Curtis, R.N.

Mailing Address 701 North First Street

City Springfield State IL Zip Code 62781-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Health System Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 04 / 2007

Transaction ID: 14233061

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Forrest G Hester

Mailing Address Post Office Box 569

City Lincoln State IL Zip Code 62656-0569

FEC ID number of contributing federal political committee. **C**

Name of Employer Abraham Lincoln Memorial Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2007

Transaction ID: 14233066

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr Robert W Kay

Mailing Address 701 North First Street

City Springfield State IL Zip Code 62781-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Memorial Medical Center Occupation Senior Vice President and Chief Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2007

Transaction ID: 14233069

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 92                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Dr. James Leonard, , M.D.   | Date of Receipt<br>MM / DD / YYYY<br>06 / 04 / 2007 |
|           | Mailing Address 611 West Park Street   | <b>Transaction ID:</b> 14233072                     |
|           | City Urbana State IL Zip Code 61801-2500   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Carle Foundation Hospital Occupation President and Chief Executive Officer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Barbara J Martin, , R.N.  | Date of Receipt<br>MM / DD / YYYY<br>06 / 04 / 2007 |
|           | Mailing Address 2615 Washington Street   | <b>Transaction ID:</b> 14233075                     |
|           | City Waukegan State IL Zip Code 60085-4980   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Vista Medical Center West Occupation President and Chief Executive Officer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Patrick O'Connor   | Date of Receipt<br>MM / DD / YYYY<br>06 / 04 / 2007 |
|           | Mailing Address 660 North Westmoreland  | <b>Transaction ID:</b> 14233078                     |
|           | City Lake Forest State IL Zip Code 60045-1659   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Lake Forest Hospital Occupation Chief Executive Officer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |             |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 9 / 92 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |             |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |             |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Kathleen C Yosko        | Date of Receipt<br>MM / DD / YYYY<br>06 / 04 / 2007 |
|   | Mailing Address P O Box 795  | <b>Transaction ID:</b> 14233080                     |
|   | City State Zip Code<br>Wheaton IL 60189-0795                           | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
| Name of Employer<br>Marianjoy Rehabilitation Hospital   | Occupation<br>President and Chief Executive Officer                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                     |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms Jody Abbott              | Date of Receipt<br>MM / DD / YYYY<br>06 / 06 / 2007 |
|   | Mailing Address 811 West 62nd Street                                   | <b>Transaction ID:</b> 14236975                     |
|   | City State Zip Code<br>Kansas City MO 64113-1503                       | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
| Name of Employer<br>North Kansas City Hospital  | Occupation<br>Chief Operating Officer                                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                     |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Brian A Gragnolati, FACHE | Date of Receipt<br>MM / DD / YYYY<br>06 / 15 / 2007 |
|   | Mailing Address 8600 Old Georgetown Road                                 | <b>Transaction ID:</b> 14249782                     |
|   | City State Zip Code<br>Bethesda MD 20814-1422                            | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
| Name of Employer<br>Suburban Hospital Health-care System  | Occupation<br>President and Chief Executive Officer                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                       | Contribution  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 92                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |  |  |
|---|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr Frederick H Kuriger   |  | Date of Receipt  |
|   | Mailing Address 243 Elm Street                                      |  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>0 6 / 1 4 / 2 0 0 7 |
|   | City  | State  | Zip Code   |
|   | Claremont   | NH   | 03743-2099   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | Transaction ID: 14250141   |
| Name of Employer<br>Valley Regional Hospital  |   | Occupation<br>Senior Vice President and Chief Operat | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00                   | 250.00   |

|   |   |                                    |  |
|---|---|------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Reginald J. Lavoie   |                                    | Date of Receipt  |
|   | Mailing Address Swiftwater Road                                     |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>0 6 / 1 4 / 2 0 0 7 |
|   | City  | State                              | Zip Code   |
|   | Woodsville  | NH                                 | 03785-2001   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | Transaction ID: 14250142   |
| Name of Employer<br>Cottage Hospital  |   | Occupation<br>Administrator        | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 | 250.00   |

|   |   |                                       |  |
|---|---|---------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Steven Monette       |                                       | Date of Receipt  |
|   | Mailing Address 243 Elm Street                                      |                                       | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>0 6 / 1 4 / 2 0 0 7 |
|   | City  | State                                 | Zip Code   |
|   | Claremont   | NH                                    | 03743-4921   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                       | Transaction ID: 14250143   |
| Name of Employer<br>Valley Regional Hospital  |   | Occupation<br>Chief Financial Officer | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00    | 250.00   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Scott W Howe

Mailing Address 173 Middle Street

City State Zip Code  
Lancaster NH 03584-3508

FEC ID number of contributing federal political committee. **C**

Name of Employer Weeks Medical Center Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 4 / 2 0 0 7

**Transaction ID:** 14250144

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Russell G Keene

Mailing Address 59 Page Hill Road

City State Zip Code  
Berlin NH 03570-3542

FEC ID number of contributing federal political committee. **C**

Name of Employer Androscoggin Valley Hospital Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 4 / 2 0 0 7

**Transaction ID:** 14250145

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Bradford W Dykes

Mailing Address 2900 West 16th Street

City State Zip Code  
Bedford IN 47421-3510

FEC ID number of contributing federal political committee. **C**

Name of Employer Bedford Regional Medical Center Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

**Transaction ID:** 14250697

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Martin Padgett

Mailing Address 1606 Fox Run Trail

City Jeffersonville State IN Zip Code 47130-8204

FEC ID number of contributing federal political committee. **C**

Name of Employer Clark Memorial Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 15 / 2007  
**Transaction ID:** 14250698  
 Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Timothy A Flesch

Mailing Address 3700 Washington Avenue

City Evansville State IN Zip Code 47750-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Mary's Medical Center of Evansvill Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 15 / 2007  
**Transaction ID:** 14250699  
 Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. David L Callecod, , FACHE

Mailing Address 441 North Wabash Avenue

City Marion State IN Zip Code 46952-2612

FEC ID number of contributing federal political committee. **C**

Name of Employer Marion General Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 15 / 2007  
**Transaction ID:** 14250706  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Gary A Meyer

Mailing Address 2280 Locust Court East

City State Zip Code  
Seymour IN 47274-8672

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Schneck Medical Center President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

**Transaction ID:** 14250707

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Dennis W Dawes, , FACHE

Mailing Address 1000 E. Main St.

City State Zip Code  
Danville IN 46122-1948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hendricks Regional Health President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

**Transaction ID:** 14250711

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Douglas J Leonard

Mailing Address One American Square, Suite 1900  
Post Office Box 82063

City State Zip Code  
Indianapolis IN 46282-0200

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Indiana Hospital Association Hospital President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

**Transaction ID:** 14250712

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Greg W Lintjer

Mailing Address 53308 Monticola Ln.

City State Zip Code  
Bristol IN 46507-9692

FEC ID number of contributing federal political committee. **C**

Name of Employer Elkhart General Healthcare System  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2007

**Transaction ID:** 14250713

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Linda E White

Mailing Address 5505 Timberlake Court

City State Zip Code  
Evansville IN 47710-4134

FEC ID number of contributing federal political committee. **C**

Name of Employer Deaconess Health System  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2007

**Transaction ID:** 14250714

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Stephen M Erixon

Mailing Address 220 Windy Ridge

City State Zip Code  
Hollister MO 65672-5725

FEC ID number of contributing federal political committee. **C**

Name of Employer Skaggs Community Health Center  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2007

**Transaction ID:** 14253265

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1042.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr Curt Kretzinger

Mailing Address 12065 Nicklaus Court

City State Zip Code  
Saint Joseph MO 64505-8583

FEC ID number of contributing federal political committee. **C**

Name of Employer Heartland Regional Medical Center  
Occupation Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 7

**Transaction ID:** 14253343

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Earl Rogers

Mailing Address 1675 Terrell Mill Road

City State Zip Code  
Marietta GA 30067-8339

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association  
Occupation Senior VP, Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

**Transaction ID:** 14265630

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. R. Tim Stack, , FACHE

Mailing Address 2001 Peachtree Rd NE, 400

City State Zip Code  
Atlanta GA 30309-1476

FEC ID number of contributing federal political committee. **C**

Name of Employer Piedmont Healthcare  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

**Transaction ID:** 14265634

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 16 / 92 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Larry Sanders, , FACHE   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 6 / 1 9 / 2 0 0 7 |
|           | Mailing Address 707 Center Street, Suite 400  | <b>Transaction ID:</b> 14265640                                 |
|           | City State Zip Code<br>Columbus GA 31901-1526   | Amount of Each Receipt this Period<br>250.00                    |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer<br>Columbus Regional Health-care System<br>Occupation<br>Chairman and Chief Executive Officer<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Keith Sandlin  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 6 / 1 9 / 2 0 0 7 |
|           | Mailing Address P O Box 200008  | <b>Transaction ID:</b> 14265642                                 |
|           | City State Zip Code<br>Cartersville GA 30120-9001   | Amount of Each Receipt this Period<br>250.00                    |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer<br>Emory Cartersville Medical Center<br>Occupation<br>Chief Executive Officer<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Karen Waters  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 6 / 1 9 / 2 0 0 7 |
|           | Mailing Address 1569 Asheforde Drive   | <b>Transaction ID:</b> 14265648                                 |
|           | City State Zip Code<br>Marietta GA 30068-1850  | Amount of Each Receipt this Period<br>500.00                    |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer<br>Georgia Hospital Association<br>Occupation<br>Vice President, Professional Services<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 92                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |  |  |
|---|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Temple Sellers |  | Date of Receipt  |
|   | Mailing Address 1782 Briar Lake Circle                        |  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>06 / 19 / 2007 |
|   | City  | State  | Zip Code   |
|   | Decatur   | GA   | 30033-1110   |
|   | FEC ID number of contributing federal political committee.    |  | Transaction ID: 14265664   |
|   |   | Amount of Each Receipt this Period           |  |
|   |   | <input type="text"/> 250.00                  |  |
| Name of Employer<br>Georgia Hospital Association  |   | Occupation<br>Regulatory Legislative Counsel |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼                     |  |
|   |   | <input type="text"/> 250.00                  |  |

|   |  |  |  |
|---|--|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms Holly Bates Snow |  | Date of Receipt  |
|   | Mailing Address 4402 Candler Lake East                         |  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>06 / 19 / 2007 |
|   | City   | State  | Zip Code   |
|   | Atlanta  | GA   | 30319  |
|   | FEC ID number of contributing federal political committee.     |  | Transaction ID: 14265671   |
|   |  | Amount of Each Receipt this Period                   |  |
|   |  | <input type="text"/> 250.00                          |  |
| Name of Employer<br>Piedmont Healthcare   |  | Occupation<br>Vice President Government and External |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼                             |  |
|   |  | <input type="text"/> 250.00                          |  |

|   |   |   |  |
|---|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Benjamin Underwood |   | Date of Receipt  |
|   | Mailing Address 2104 Murren Drive                                 |   | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>06 / 19 / 2007 |
|   | City  | State   | Zip Code   |
|   | Smyrna  | GA  | 30080-6520   |
|   | FEC ID number of contributing federal political committee.        |   | Transaction ID: 14265673   |
|   |   | Amount of Each Receipt this Period                |  |
|   |   | <input type="text"/> 250.00                       |  |
| Name of Employer<br>Talbot Recovery Campus  |   | Occupation<br>President & Chief Executive Officer |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼                          |  |
|   |   | <input type="text"/> 250.00                       |  |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 92  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert M Trimm

Mailing Address P O Box 139

City State Zip Code  
Waycross GA 31502-0139

FEC ID number of contributing federal political committee. **C**

Name of Employer Satilla Regional Medical Center  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 9 | / | 2 | 0 | 0 | 7 |

**Transaction ID:** 14265674

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. W. Daniel Barker

Mailing Address 50 South Prado NE

City State Zip Code  
Atlanta GA 30309-3309

FEC ID number of contributing federal political committee. **C**

Name of Employer Wesley Woods Center of Emory Universit  
Occupation Administrator

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 9 | / | 2 | 0 | 0 | 7 |

**Transaction ID:** 14265677

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kevin Bloye

Mailing Address 2813 Bakers Bridge Drive

City State Zip Code  
Douglasville GA 30134-862

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Associat- ion  
Occupation Vice President of Public Relations

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 9 | / | 2 | 0 | 0 | 7 |

**Transaction ID:** 14265679

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |                              |                             |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 92                 |                              |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Cal Calhoun

Mailing Address 85 Rumson Court

City State Zip Code  
Smyrna GA 30080-8009

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association  
Occupation Vice President, Financial Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265680

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Bolden

Mailing Address 900 Powers Ferry Road  
Suite 104

City State Zip Code  
Marietta GA 30067-5774

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association  
Occupation Director of Fiscal Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265683

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Cindy R Turner

Mailing Address P O Drawer 1987

City State Zip Code  
Alma GA 31510-1987

FEC ID number of contributing federal political committee. **C**

Name of Employer Bacon County Hospital and Health System  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265684

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12                       |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16                       |    |
|                                     |     |                          |     |                          |     |                          | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. O.J. Booker

Mailing Address P O Box 1068

City State Zip Code  
Forsyth GA 31029-1068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Monroe County Hospital Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265685

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Ginger E. Anspaugh, FHFMA

Mailing Address 4002 Sunhill Court

City State Zip Code  
Woodstock GA 30189-2561

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Georgia Hospital Association Senior Vice President & CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265692

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Lance B Duke, , FACHE

Mailing Address P O Box 951

City State Zip Code  
Columbus GA 31902-0951

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Medical Center, The President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265694

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Donald R Avery, , FACHE

Mailing Address 200 Industrial Blvd.

City State Zip Code  
Dublin GA 31021-2981

FEC ID number of contributing federal political committee. **C**

Name of Employer Fairview Park Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

**Transaction ID:** 14265695

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Danae Gambill

Mailing Address 1345 Towne Lake Hills S. Drive  
2000-402

City State Zip Code  
Woodstock GA 30189-5350

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association Occupation Director of Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

**Transaction ID:** 14265700

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerald N Fulks

Mailing Address 1514 Vernon Road

City State Zip Code  
Lagrange GA 30240-4131

FEC ID number of contributing federal political committee. **C**

Name of Employer West Georgia Health System Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 9 / 2 0 0 7

**Transaction ID:** 14265706

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Lynn Hale

Mailing Address 2016 Harbor Forest Drive

City State Zip Code  
Marietta GA 30064-8378

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association  
Occupation Assistant to the President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265709

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Richard Howerton

Mailing Address 3365 W Paces Ferry Ct NW

City State Zip Code  
Atlanta GA 30327-2228

FEC ID number of contributing federal political committee. **C**

Name of Employer VHA Georgia, Inc.  
Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265713

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr Don Campbell, M.D.

Mailing Address 677 Church Street

City State Zip Code  
Marietta GA 30060-1101

FEC ID number of contributing federal political committee. **C**

Name of Employer WellStar Kennestone Hospital  
Occupation Senior Vice President Physician Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265724

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 92  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Martha Harrell

Mailing Address 109 Springs Drive

City Roswell State GA Zip Code 30075-4825

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association Occupation VP Educational Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2007  
Transaction ID: 14265728  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Judy McClenaghan

Mailing Address 2806 Octabia Lane

City Marietta State GA Zip Code 30062-4924

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association Occupation Government Relations Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2007  
Transaction ID: 14265733  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Anne Williams

Mailing Address 4130 Brookview Drive

City Atlanta State GA Zip Code 30339-4649

FEC ID number of contributing federal political committee. **C**

Name of Employer Alston & Bird LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2007  
Transaction ID: 14265734  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 / 92                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. G. Lamar Lyle

Mailing Address Post Office Box 44

City State Zip Code  
Dalton GA 30722-0044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hamilton Medical Center Board Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID: 14265740**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy Vi B. Naylor

Mailing Address 190 Hunting Creek Drive

City State Zip Code  
Marietta GA 30068-3416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Georgia Hospital Association Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID: 14265746**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Chuck H Orrick

Mailing Address 102 Hospital Circle

City State Zip Code  
Donalsonville GA 39845-1100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Donalsonville Hospital Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID: 14265751**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. A. Don Faulk, Jr., FAC

Mailing Address P O Box 6000

City State Zip Code  
Macon GA 31208-6000

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Georgia Health System  
Occupation President and CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265760

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. William T Moore

Mailing Address 3014 Castle Pines Drive

City State Zip Code  
Duluth GA 30097-2039

FEC ID number of contributing federal political committee. **C**

Name of Employer Atlanta Medical Center  
Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265765

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Rhett Partin

Mailing Address 1675 Terrell Mill Road

City State Zip Code  
Marietta GA 30067-8339

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association  
Occupation Exec. Director, Center for Rural Health

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 19 / 2007

**Transaction ID:** 14265767

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Glenn Pearson

Mailing Address 660 Crossfire Ridge

City Marietta State GA Zip Code 30064-1393

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2007

Transaction ID: 14265768

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph A. Parker

Mailing Address 3497 Mill Bridge Drive

City Marietta State GA Zip Code 30062-5598

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association Occupation President & Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2007

Transaction ID: 14265770

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joyce Reid

Mailing Address 1675 Terrell Mill Rd

City Marietta State GA Zip Code 30067

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Hospital Association Occupation Health and Accountability Specialist,

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 19 / 2007

Transaction ID: 14265773

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 92                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Kathleen Paul  | Date of Receipt<br>MM / DD / YYYY<br>06 / 21 / 2007 |
|           | Mailing Address 1100 Ninth Avenue   | <b>Transaction ID:</b> 14278579                     |
|           | City State Zip Code<br>Seattle WA 98101-2756  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Occupation<br>Virginia Mason Medical Center Administrator<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Patricia Degroodt  | Date of Receipt<br>MM / DD / YYYY<br>06 / 21 / 2007 |
|           | Mailing Address 1330 Rockefeller P.O. Box 1147  | <b>Transaction ID:</b> 14278580                     |
|           | City State Zip Code<br>Everett WA 98201-1684  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Occupation<br>Providence Health System/- NWSA Administrator<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Diane Cecchetti, RN, MS  | Date of Receipt<br>MM / DD / YYYY<br>06 / 21 / 2007 |
|           | Mailing Address 12709 54th Avenue, NW   | <b>Transaction ID:</b> 14278581                     |
|           | City State Zip Code<br>Gig Harbor WA 98332-8853   | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Occupation<br>MultiCare Health System President and Chief Executive Officer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |                              |                             |                             |                             |                             |                             |
|---|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        | PAGE 28 / 92                 |                              |                             |                             |                             |                             |                             |
|   | (check only one)                        |                              |                              |                             |                             |                             |                             |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |                                       |   |
|---|---|---------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Johnese M. Spisso, RN, MPA |                                       | Date of Receipt   |
|   | Mailing Address 11344 Riviera Place NE                                    |                                       | <input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/> |
|   | City  | State                                 | Zip Code  |
|   | Seattle   | WA                                    | 98125-5960  |
|   | FEC ID number of contributing federal political committee.                | <input type="text" value="C"/>        | Transaction ID: 14278582  |
| Name of Employer<br>Harborview Medical Center   |   | Occupation<br>Chief Operating Officer | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼              | <input type="text" value="500.00"/>   |

|   |  |                                |   |
|---|--|--------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Joseph W. Wilczek |                                | Date of Receipt   |
|   | Mailing Address 1175 SW 296th Street                             |                                | <input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/> |
|   | City   | State                          | Zip Code  |
|   | Federal Way  | WA                             | 98023-8251  |
|   | FEC ID number of contributing federal political committee.       | <input type="text" value="C"/> | Transaction ID: 14278583  |
| Name of Employer<br>Franciscan Health System  |  | Occupation<br>President & CEO  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼       | <input type="text" value="500.00"/>   |

|   |  |   |   |
|---|--|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Leo F. Greenawalt |   | Date of Receipt   |
|   | Mailing Address 4423 E. Sequim Bay Road                          |   | <input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2007"/> |
|   | City   | State   | Zip Code  |
|   | Sequim   | WA  | 98382-9679  |
|   | FEC ID number of contributing federal political committee.       | <input type="text" value="C"/>                      | Transaction ID: 14278584  |
| Name of Employer<br>Washington State Hospital Association   |  | Occupation<br>President and Chief Executive Officer | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼                            | <input type="text" value="500.00"/>   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="1500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 92  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Jimenez

Mailing Address 488 E. Lower Springboro Road

City State Zip Code  
Springboro OH 45066-9545

FEC ID number of contributing federal political committee. **C**

Name of Employer: Catholic Healthcare Partners  
Occupation: Chief Operating Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 20 / 2007  
**Transaction ID: 14278601**  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia R. Goldman

Mailing Address 9 Farm Haven Court

City State Zip Code  
Rockville MD 20852-4231

FEC ID number of contributing federal political committee. **C**

Name of Employer: American Hospital Association-Washingt  
Occupation: Senior Associate Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 19 / 2007  
**Transaction ID: 14278607**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lowell C. Kruse, FACHE

Mailing Address 7300 SE 75th Road

City State Zip Code  
Saint Joseph MO 64507-8073

FEC ID number of contributing federal political committee. **C**

Name of Employer: Heartland Health  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 20 / 2007  
**Transaction ID: 14280108**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City State Zip Code  
Holts Summit MO 65043-2039

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri Hospital Association  
Occupation Sr. Vice President, Health Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

**Transaction ID:** 14280114

Amount of Each Receipt this Period  
111.12

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City State Zip Code  
Jefferson City MO 65101-8275

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri Hospital Association  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 555.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 7

**Transaction ID:** 14280126

Amount of Each Receipt this Period  
111.12

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Vincent J McCorkle, , CHE

Mailing Address P O Box 9012

City State Zip Code  
Springfield MA 01102-9012

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Medical Center  
Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 0 7

**Transaction ID:** 14282006

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **472.24**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Mark H Shuter

Mailing Address 272 Hospital Road

City State Zip Code  
Chillicothe OH 45601-9031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Adena Health System President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2007

**Transaction ID:** 14282773

Amount of Each Receipt this Period  
275.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code  
Upper Arlington OH 43220-4247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ohio Hospital Association Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2007

**Transaction ID:** 14282774

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Melvin R Creeley

Mailing Address 425 West Fifth Street

City State Zip Code  
East Liverpool OH 43920-2498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
East Liverpool City Hospital President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2007

**Transaction ID:** 14282775

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1025.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Cynthia Ann Moore-Hardy

Mailing Address 10 East Washington

City Painesville State OH Zip Code 44077-3460

FEC ID number of contributing federal political committee. **C**

Name of Employer Lake Hospital System Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 15 / 2007  
**Transaction ID: 14282776**  
 Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas L Sieber

Mailing Address 2951 Maple Avenue

City Zanesville State OH Zip Code 43701-1406

FEC ID number of contributing federal political committee. **C**

Name of Employer Genesis HealthCare System Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 15 / 2007  
**Transaction ID: 14282777**  
 Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City Granville State OH Zip Code 43023-1428

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Hospital Association Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 06 / 15 / 2007  
**Transaction ID: 14282778**  
 Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **625.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 92  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John T Gribbin

Mailing Address 901 West Main Street

City State Zip Code  
Freehold NJ 07728-2537

FEC ID number of contributing federal political committee. **C**

Name of Employer: CentraState Healthcare System  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 06 / 29 / 2007  
**Transaction ID: 14285529**  
 Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Al Maghazehe

Mailing Address 750 Brunswick Avenue

City State Zip Code  
Trenton NJ 08638-4143

FEC ID number of contributing federal political committee. **C**

Name of Employer: Capital Health System  
Occupation: Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1474.00

Date of Receipt: 06 / 29 / 2007  
**Transaction ID: 14285544**  
 Amount of Each Receipt this Period: 1474.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. David P Tilton

Mailing Address 624 Park Place

City State Zip Code  
Galloway NJ 08205-6014

FEC ID number of contributing federal political committee. **C**

Name of Employer: AtlantiCare  
Occupation: President and Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 06 / 29 / 2007  
**Transaction ID: 14285562**  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2474.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas O. Barnes

Mailing Address 123 Main Street

City Bristol State CT Zip Code 06010-6307

FEC ID number of contributing federal political committee. **C**

Name of Employer Bristol Hospital Occupation Chairman of the Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 29 / 2007  
Transaction ID: 14296233  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James R. Castle

Mailing Address 815 Gatehouse Lane

City Columbus State OH Zip Code 43235-1733

FEC ID number of contributing federal political committee. **C**

Name of Employer Ohio Hospital Association Occupation President & Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 29 / 2007  
Transaction ID: 14300293  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Mandy C Goble

Mailing Address 205 Palmer Avenue

City Bellefontaine State OH Zip Code 43311-2298

FEC ID number of contributing federal political committee. **C**

Name of Employer Mary Rutan Hospital Occupation President and Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 29 / 2007  
Transaction ID: 14300294  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 35 / 92                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13  | <input type="checkbox"/> 14  |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Karen Nelson |                                     | Date of Receipt   |
|   | Mailing Address 2 Stonehedge Drive                          |                                     | <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2007"/> |
|   | City  | State                               | Zip Code  |
|   | Wilmington  | MA                                  | 01887-3190  |
|   | FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Massachusetts Hospital Association  |   | Occupation<br>Senior Vice President | Transaction ID: 14300346  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |   | <input type="text" value="250.00"/> | <input type="text" value="250.00"/>   |

|   |  |   |   |
|---|--|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Matthew D. Williams |   | Date of Receipt   |
|   | Mailing Address 615 Elsinore Place                                 |   | <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2007"/> |
|   | City   | State   | Zip Code  |
|   | Cincinnati   | OH  | 45202-1459  |
|   | FEC ID number of contributing federal political committee.         |   | <input type="text" value="C"/>  |
| Name of Employer<br>Catholic Healthcare Partners  |  | Occupation<br>VP, Advocacy and Government Relations | Transaction ID: 14300357  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼                            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="500.00"/>                 | <input type="text" value="500.00"/>   |

|   |   |   |   |
|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Michael D Connelly |   | Date of Receipt   |
|   | Mailing Address 615 Elsinore Place                                |   | <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2007"/> |
|   | City  | State   | Zip Code  |
|   | Cincinnati  | OH  | 45202-1459  |
|   | FEC ID number of contributing federal political committee.        |   | <input type="text" value="C"/>  |
| Name of Employer<br>Catholic Healthcare Partners  |   | Occupation<br>President and Chief Executive Officer | Transaction ID: 14300358  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼                            | Amount of Each Receipt this Period  |
|   |   | <input type="text" value="1000.00"/>                | <input type="text" value="1000.00"/>  |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="1750.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 92  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Rudy C. Snedigar

Mailing Address 171 SE 3rd Lane

City State Zip Code  
Lamar MO 64759-9212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Barton County Memorial Hospital Administrator and CEO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: 14300389

Amount of Each Receipt this Period

275.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Fred J. Lucky

Mailing Address 14607 W 89

City State Zip Code  
Lenexa KS 66215-2967

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kansas Hospital Association Senior Vice President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: 14308005

Amount of Each Receipt this Period

115.38

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald R Peterson

Mailing Address 733 North Broadway, BRB 104

City State Zip Code  
Baltimore MD 21205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Johns Hopkins Health System President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: 14313543

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

640.38

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 92

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Martin L Doordan

Mailing Address 2001 Medical Parkway

City State Zip Code  
Annapolis MD 21401-3280

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Anne Arundel Medical Center President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: 14313546

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Carl J Schindelar

Mailing Address 9000 Franklin Square Dr.

City State Zip Code  
Baltimore MD 21237

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Franklin Square Hospital Center President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: 14313547

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Christine R Wray

Mailing Address 22302 Bretmar Drive

City State Zip Code  
Leonardtwn MD 20650-2228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Mary's Hospital President and Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

Transaction ID: 14313549

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

825.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 92  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Joanne E Pollak, , JD

Mailing Address 733 North Broadway, BRB 104

City State Zip Code  
Baltimore MD 21205

FEC ID number of contributing federal political committee. **C**

Name of Employer Johns Hopkins Health System  
Occupation Vice President and General Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 7

**Transaction ID:** 14313550

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Katie Vaughan

Mailing Address 506A East Howell Avenue

City State Zip Code  
Alexandria VA 22301-1216

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Associate Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

**Transaction ID:** PR1034595119191

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation VP & Chief Washington Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

**Transaction ID:** PR1045726219191

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **390.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Sohini Jindal

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2007

**Transaction ID:** PR1125613619191

Amount of Each Receipt this Period 40.00

P/R Deduction (\$20.00 )

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Alex White, Jr.

Mailing Address One North Franklin

City Chicago State IL Zip Code 60606-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association Occupation Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 06 / 30 / 2007

**Transaction ID:** PR1339349919191

Amount of Each Receipt this Period 120.00

P/R Deduction (\$58.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt Occupation Vice President Federal Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt 06 / 30 / 2007

**Transaction ID:** PR327629119191

Amount of Each Receipt this Period 90.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 40 / 92 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Lindsay Mac Robinson   | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
|           | Mailing Address 107 East Lane   | <b>Transaction ID:</b> PR327727319191               |
|           | City State Zip Code<br>Lake Barrington IL 60010-1939  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer American Hospital Association-Chicago<br>Occupation<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>350.00 | P/R Deduction (\$39.00 Bi-Weekly)                   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Debbie F. Weiner   | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
|           | Mailing Address 11004 petersborough Drive   | <b>Transaction ID:</b> PR327745919191               |
|           | City State Zip Code<br>Rockville MD 20852-3249  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer American Hospital Association-Washingt<br>Occupation<br>Director, Grassroots Advocacy<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>350.00 | P/R Deduction (\$39.00 Bi-Weekly)                   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Pamela Austin Thompson, RN, MSN   | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
|           | Mailing Address 325 Seventh Street, NW Suite 700   | <b>Transaction ID:</b> PR327812019191               |
|           | City State Zip Code<br>Washington DC 20004-2818  | Amount of Each Receipt this Period<br>80.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer American Organization of Nurse Executi<br>Occupation<br>Executive Director<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>695.00 | P/R Deduction (\$39.00 Bi-Weekly)                   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>280.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12                       |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16                       |    |
|                                     |     |                          |     |                          |     |                          | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Mark Seklecki  |   | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
| Mailing Address 325 Seventh Street, NW<br>Suite 700   |   | <b>Transaction ID:</b> PR327858019191               |
| City Washington   | State DC  | Zip Code 20004-2818                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>80.00         |
| Name of Employer<br>American Hospital Association-Washingt  | Occupation<br>Vice President, Political Affairs | P/R Deduction (\$39.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>520.00              |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. John F. Barry  |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
| Mailing Address One North Franklin  |                                    | <b>Transaction ID:</b> PR327877819191               |
| City Millis   | State MA                           | Zip Code 60606-3436                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>86.98         |
| Name of Employer<br>American Hospital Association-Chicago   | Occupation<br>Regional Executive   | P/R Deduction (\$39.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>434.90 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Richard J Umbdenstock  |                                    | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
| Mailing Address 325 Seventh Street, NW<br>Suite 700   |                                    | <b>Transaction ID:</b> PR328132819191               |
| City Washington   | State DC                           | Zip Code 20004-2818                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>90.00         |
| Name of Employer<br>American Hospital Association-Washingt  | Occupation<br>President            | P/R Deduction (\$39.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>495.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>256.98</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Barbara Lorschach

Mailing Address 204 7th Ave

City State Zip Code  
La Grange IL 60525-6406

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Sr. Vice President, Member Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

**Transaction ID:** PR328136919191

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$39.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code  
Silver Spring MD 20906

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Sr. Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

**Transaction ID:** PR328224919191

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$39.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code  
Eagle ID 83616-5369

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Chicago  
Occupation Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 361.14

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2007

**Transaction ID:** PR328241419191

Amount of Each Receipt this Period  
55.56

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **255.56**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City State Zip Code  
Arlington VA 22207-4446

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

**Transaction ID:** PR328260919191

Amount of Each Receipt this Period  
80.00

P/R Deduction (\$39.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Richard H. Wade

Mailing Address 1221 Cavalier Road

City State Zip Code  
Arnold MD 21012-2126

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Sr. Vice President, Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

**Transaction ID:** PR328310419191

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Steve M. Ahnen

Mailing Address 1001 N. Potomac Street

City State Zip Code  
Arlington VA 22205-1629

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

**Transaction ID:** PR328312719191

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 280.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 44 / 92 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Lori M. Schor  | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
|   | Mailing Address 325 Seventh Street, NW<br>Suite 700   | <b>Transaction ID:</b> PR328341819191               |
|   | City Washington State DC Zip Code 20004-2818  | Amount of Each Receipt this Period<br>80.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b>                                       | P/R Deduction (\$39.00 Bi-Weekly)                   |
|   | Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>520.00  |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Carolyn Forcina                       | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
|   | Mailing Address 200 Clover Hill Court  | <b>Transaction ID:</b> PR328511819191               |
|   | City Yardley State PA Zip Code 19067-5736  | Amount of Each Receipt this Period<br>95.20         |
|   | FEC ID number of contributing federal political committee. <b>C</b>                  | P/R Deduction (\$39.00 Bi-Weekly)                   |
|   | Name of Employer American Hospital Association-Chicago Occupation Regional Executive |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>618.80   |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Alicia N. Mitchell                                  | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
|   | Mailing Address 1501 N. Harrison Street  | <b>Transaction ID:</b> PR328512019191               |
|   | City Arlington State VA Zip Code 22205-2726  | Amount of Each Receipt this Period<br>40.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b>                                | P/R Deduction (\$20.00 Bi-Weekly)                   |
|   | Name of Employer American Hospital Association-Washingt Occupation Vice President, Media Relations |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00   |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>215.20</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 45 / 92 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Dr. John R. Combes, MD  | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
|           | Mailing Address 1 North Franklin Stret   | <b>Transaction ID:</b> PR329071319191               |
|           | City State Zip Code<br>Chicago IL 60614  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer American Hospital Association-Chicago<br>Occupation President & COO, Leadership & Business<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>350.00 | P/R Deduction (\$39.00 Bi-Weekly)                   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Robyn Cooke  | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
|           | Mailing Address 325 Seventh Street, NW Suite 700  | <b>Transaction ID:</b> PR329084419191               |
|           | City State Zip Code<br>Washington DC 20004-2818   | Amount of Each Receipt this Period<br>43.48         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer American Hospital Association-Washingt<br>Occupation Senior Associate Director Executive Br<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>217.40 | P/R Deduction (\$20.00 Bi-Weekly)                   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. W. Thomas Deweese   | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
|           | Mailing Address 500 Interstate Boulevard South   | <b>Transaction ID:</b> PR329215719191               |
|           | City State Zip Code<br>Nashville TN 37210-4634   | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer American Hospital Association-Chicago<br>Occupation Regional Executive<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>350.00 | P/R Deduction (\$39.00 Bi-Weekly)                   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>243.48</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 46 / 92 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Paul N. Muraca       | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
|   | Mailing Address 4960 138th Cricle West                              | <b>Transaction ID:</b> PR330475419191               |
|   | City State Zip Code<br>Apple Valley MN 55124                        | Amount of Each Receipt this Period<br>80.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$39.00 Bi-Weekly)                   |
| Name of Employer<br>American Hospital Association-Chicago   | Occupation<br>Regional Executive                                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>520.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Eileen O'Keefe       | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
|   | Mailing Address 172 Atteridge                                       | <b>Transaction ID:</b> PR330549219191               |
|   | City State Zip Code<br>Lake Forest IL 60045-1715                    | Amount of Each Receipt this Period<br>40.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$20.00 Bi-Weekly)                   |
| Name of Employer<br>American Hospital Association-Chicago   | Occupation<br>Vice President, Member Relations                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Walter J. Reiter     | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
|   | Mailing Address 325 Seventh Street, NW Suite 700                    | <b>Transaction ID:</b> PR330776119191               |
|   | City State Zip Code<br>Washington DC 20004-2818                     | Amount of Each Receipt this Period<br>43.48         |
|   | FEC ID number of contributing federal political committee. <b>C</b> | P/R Deduction (\$20.00 Bi-Weekly)                   |
| Name of Employer<br>American Hospital Association-Washingt  | Occupation<br>V.P., Advocacy & Member Communications                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>282.62                                  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>163.48</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code  
Alexandria VA 22301-2402

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Director Advocacy and Public Policy Op

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

**Transaction ID:** PR331304219191

Amount of Each Receipt this Period 38.48

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Mr. Alexander R. White, Sr.

Mailing Address PO Box 15587

City State Zip Code  
Austin TX 78761-5587

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association  
Occupation Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 777.69

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

**Transaction ID:** PR331416019191

Amount of Each Receipt this Period 120.00

P/R Deduction (\$58.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald May

Mailing Address 521 Great Falls St.

City State Zip Code  
Falls Church VA 22046-2613

FEC ID number of contributing federal political committee. **C**

Name of Employer American Hospital Association-Washingt  
Occupation Vice President, Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 7

**Transaction ID:** PR331533219191

Amount of Each Receipt this Period 80.00

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 238.48

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 92  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Ms. Elizabeth Summy  |   | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
| Mailing Address One North Franklin  |   | <b>Transaction ID:</b> PR346168119191               |
| City Chicago  | State IL                                | Zip Code 60606-3436                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br>41.66         |
| Name of Employer<br>American Hospital Association-Chicago   | Occupation<br>Executive Director, ASHRM | P/R Deduction (\$14.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>229.13      |   |

**B.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Ms. Kristin Welsh  |  | Date of Receipt<br>MM / DD / YYYY<br>06 / 30 / 2007 |
| Mailing Address 325 Seventh Street, NW<br>Suite 700   |  | <b>Transaction ID:</b> PR517619719191               |
| City Washington   | State DC   | Zip Code 20004-2818                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>78.40         |
| Name of Employer<br>American Hospital Association-Washingt  | Occupation<br>Vice President Executive Branch Relati | P/R Deduction (\$39.00 Bi-Weekly)                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>490.40                   |   |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 120.06   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 36596.86 |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 92  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
California Healthcare Association PAC - Federal

Mailing Address 1215 K Street  
Suite 800

City State Zip Code  
Sacramento CA 95814

FEC ID number of contributing federal political committee. **C** C00237495

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
101000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 5 | / | 2 | 0 | 0 | 7 |

**Transaction ID:** 14249942

Amount of Each Receipt this Period  
25000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code  
Rensselaer NY 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 5 | / | 2 | 0 | 0 | 7 |

**Transaction ID:** 14249960

Amount of Each Receipt this Period  
15000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City State Zip Code  
Harrisburg PA 17105-8600

FEC ID number of contributing federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
35000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 1 | 4 | / | 2 | 0 | 0 | 7 |

**Transaction ID:** 14266160

Amount of Each Receipt this Period  
10000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **50000.00**

**TOTAL** This Period (last page this line number only) ..... ► **50000.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                              |                             |  |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 50 / 92                |  |
|   | (check only one)             |                              |                             |  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13            |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
Citibank, F.S.B.

Mailing Address 1400 G Street, NW

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Washington | DC    | 20005    |

FEC ID number of contributing federal political committee. **C**

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|                  |            |

Receipt For:

Primary     General

Other (specify) ▼

Aggregate Year-to-Date ▼

2057.32

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 0 | 7 |

Transaction ID: 14346640

Amount of Each Receipt this Period

330.87

Bank Interest

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 330.87 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 330.87 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |  |   |
|-----------|--|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Hawkeye PAC<br><br>Mailing Address P.O.Box 7255<br><br>City Des Moines State IA Zip Code 50309<br><br>Purpose of Disbursement 2007 Contribution<br>Candidate Name Hawkeye PAC<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 14238788<br>Date of Disbursement<br>06 / 04 / 2007 | Amount of Each Disbursement this Period<br>5000.00<br><br>2007 Contribution |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Judd Gregg Committee<br><br>Mailing Address PO Box 1812<br><br>City Concord State NH Zip Code 03302<br><br>Purpose of Disbursement 2010 Contribution<br>Candidate Name Sen. Judd Gregg<br><br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NH District:<br><br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | Transaction ID: 14238789<br>Date of Disbursement<br>06 / 04 / 2007 | Amount of Each Disbursement this Period<br>1000.00<br><br>2010 Contribution |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Jerry Weller For Congress Inc.<br><br>Mailing Address P.O. Box 2368<br><br>City Joliet State IL Zip Code 60434<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Gerald C. Weller<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 11<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14238790<br>Date of Disbursement<br>06 / 04 / 2007 | Amount of Each Disbursement this Period<br>1000.00<br><br>Contribution      |

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 7000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Friends Of Phil Hare   | Transaction ID: 14238791<br>Date of Disbursement<br>06 / 04 / 2007 |
|    | Mailing Address 224 18th Street<br>P.O. Box 4183  | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City Rock Island State IL Zip Code 61204  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Phil Hare<br>Category/Type 011  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: IL District: 17 | Contribution   |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Graves For Congress  | Transaction ID: 14238792<br>Date of Disbursement<br>06 / 04 / 2007 |
|    | Mailing Address 2345 Grand Suite 2400   | Amount of Each Disbursement this Period<br>2500.00                 |
|    | City Kansas City State MO Zip Code 64108  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Samuel B. Graves, Jr.<br>Category/Type 011  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: MO District: 06 | Contribution   |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Citizens For Tom Petri   | Transaction ID: 14238793<br>Date of Disbursement<br>06 / 04 / 2007 |
|    | Mailing Address P.O. Box 270  | Amount of Each Disbursement this Period<br>250.00                  |
|    | City Fond Du Lac State WI Zip Code 54936  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Thomas E. Petri<br>Category/Type 011  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: WI District: 06 | Contribution   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 92

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Friends Of Jim Saxton  | Transaction ID: 14238794<br>Date of Disbursement<br>06 / 04 / 2007 |
|    | Mailing Address PO Box 795  |  |
|    | City Mount Holly State NJ Zip Code 08060  | Amount of Each Disbursement this Period<br>2500.00                 |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. James Saxton<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NJ District: 03 | 011<br>Category/<br>Type<br>Contribution                           |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Hayes For Congress   | Transaction ID: 14238795<br>Date of Disbursement<br>06 / 04 / 2007 |
|    | Mailing Address Post Office Box 2000  |  |
|    | City Concord State NC Zip Code 28026  | Amount of Each Disbursement this Period<br>2000.00                 |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Robin C. Hayes<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: 08 | 011<br>Category/<br>Type<br>Contribution                           |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Nebraska Leadership PAC (NELPAC)  | Transaction ID: 14244462<br>Date of Disbursement<br>06 / 05 / 2007 |
|    | Mailing Address P.O. Box 540186  |  |
|    | City Omaha State NE Zip Code 68154   | Amount of Each Disbursement this Period<br>5000.00                 |
|    | Purpose of Disbursement 2007 Contribution<br>Candidate Name Nebraska Leadership PAC (NELPAC)<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | 011<br>Category/<br>Type<br>2007 Contribution                      |
|    | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 9500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Joseph Crowley

Office Sought:  House  
 Senate  
 President  
State: NY District: 07

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14244465  
Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

B.

Full Name (Last, First, Middle Initial)  
Walter Jones For Congress Committee (2008)

Mailing Address PO Box 99667

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Walter B. Jones, Jr.

Office Sought:  House  
 Senate  
 President  
State: NC District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14244466  
Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

C.

Full Name (Last, First, Middle Initial)  
Diane E Watson For Congress

Mailing Address 1212 S. Victory Blvd.

City Burbank State CA Zip Code 91502

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Diane E. Watson

Office Sought:  House  
 Senate  
 President  
State: CA District: 33

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 14244467  
Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Walter Jones For Congress Committee (2008)

Mailing Address PO Box 99667

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Walter B. Jones, Jr.

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 14244468  
Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Committee To Re-Elect Henry Hank Johnson

Mailing Address 6440 Old Hillandale Drive  
Suite 262

City Lithonia State GA Zip Code 30058

Purpose of Disbursement  
Contribution

Candidate Name  
Mr. Hank Johnson

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 04

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 14244469  
Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mary Bono Mack Committee

Mailing Address P.O. Box 3370

City Palm Springs State CA Zip Code 92263

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Mary Bono Mack

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 45

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 14244470  
Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

8000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |   |  |                   |
|-----------|---|--|-------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Pascrell For Congress Inc.<br><br>Mailing Address Pob 640<br><br>City Totowa State NJ Zip Code 07511<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. William J. Pascrell, Jr.<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NJ District: 08<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                | <b>Transaction ID:</b> 14244471<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 0 5 / 2 0 0 7 |                   |
|           |   | Amount of Each Disbursement this Period<br>1000.00   | Contribution      |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Candice Miller For Congress<br><br>Mailing Address PO Box 182152<br><br>City Shelby Township State MI Zip Code 48318<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Candice S. Miller<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 10<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                       | <b>Transaction ID:</b> 14244472<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 0 5 / 2 0 0 7 |                   |
|           |   | Amount of Each Disbursement this Period<br>1000.00   | Contribution      |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Bennett Election Committee Inc<br><br>Mailing Address 175 South West Temple Suite 650<br><br>City Salt Lake City State UT Zip Code 84101<br><br>Purpose of Disbursement 2010 Contribution<br>Candidate Name Sen. Robert F. Bennett<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: UT District:<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 14244473<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 0 5 / 2 0 0 7 |                   |
|           |   | Amount of Each Disbursement this Period<br>500.00  | 2010 Contribution |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Patrick Murphy For Congress</p> <p>Mailing Address P.O. Box 868</p> <p>City Levittown State PA Zip Code 19058</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Patrick Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: PA District: 08</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 14244475</p> <p>Date of Disbursement<br/>06 / 05 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/Type</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Nadler For Congress</p> <p>Mailing Address Village Station PO Box 40</p> <p>City New York State NY Zip Code 10014</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Jerrold L. Nadler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 08</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 14244476</p> <p>Date of Disbursement<br/>06 / 05 / 2007</p> <p>Amount of Each Disbursement this Period<br/>3000.00</p> <p>011<br/>Category/Type</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Pete King For Congress Committee</p> <p>Mailing Address Post Office Box 1428</p> <p>City Seaford State NY Zip Code 11783</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Peter T. King</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 03</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14244477</p> <p>Date of Disbursement<br/>06 / 05 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/Type</p> <p>Contribution</p> |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Pete King For Congress Committee</p> <p>Mailing Address Post Office Box 1428</p> <p>City Seaford State NY Zip Code 11783</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Peter T. King</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 03</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 14244478</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 6 / 0 5 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>Contribution</p>      |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Abercrombie For Congress</p> <p>Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005</p> <p>City Honolulu State HI Zip Code 96814</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Neil Abercrombie</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: HI District: 01</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14244479</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 6 / 0 5 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period<br/>2300.00</p> <p>Contribution</p>      |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Rhode Island PAC</p> <p>Mailing Address 750 Elmgrove Avenue</p> <p>City Providence State RI Zip Code 02906</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name Rhode Island PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 14244483</p> <p>Date of Disbursement<br/>M M / D D / Y Y Y Y<br/>0 6 / 1 1 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>2007 Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5300.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Progressive Choices PAC<br><hr/> Mailing Address PO Box 58<br><hr/> City Evanston State IL Zip Code 60204<br><hr/> Purpose of Disbursement<br>2007 Contribution<br>Candidate Name<br>Progressive Choices PAC<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                             | Transaction ID: 14244484<br>Date of Disbursement<br>06 / 11 / 2007 |
|   | Amount of Each Disbursement this Period<br>1000.00                 |
|   | 2007 Contribution  |
|   | Category/<br>Type<br>011   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Democrats Win Seats PAC<br><hr/> Mailing Address 1071 Turin Branch Lane<br><hr/> City Weston State FL Zip Code 33326<br><hr/> Purpose of Disbursement<br>2007 Contribution<br>Candidate Name<br>Democrats Win Seats PAC<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                  | Transaction ID: 14244492<br>Date of Disbursement<br>06 / 11 / 2007 |
|   | Amount of Each Disbursement this Period<br>1500.00                 |
|   | 2007 Contribution  |
|   | Category/<br>Type<br>011   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Evan Bayh Committee<br><hr/> Mailing Address PO Box 441749<br><hr/> City Indianapolis State IN Zip Code 46204<br><hr/> Purpose of Disbursement<br>2010 Contribution<br>Candidate Name<br>Sen. Evan Bayh<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District:<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14244493<br>Date of Disbursement<br>06 / 11 / 2007 |
|   | Amount of Each Disbursement this Period<br>2500.00                 |
|   | 2010 Contribution  |
|   | Category/<br>Type<br>011   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5000.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>Diana Degette For Congress Inc.  | Transaction ID: 14244504<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address P.O. Box 61337  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 1 |  | 2 | 0 | 0 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 6   |  | 1       | 1 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Denver State CO Zip Code 80206   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Contribution  | <table border="1"><tr><td>1000.00</td></tr></table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1000.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name Rep. Diana DeGette   | <table border="1"><tr><td>011</td></tr></table> Category/Type  | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CO District: 01 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         |   | Contribution   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>Jesse Jackson Jr. For Congress   | Transaction ID: 14244506<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address P.O. Box 490286   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 1 |  | 2 | 0 | 0 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 6   |  | 1       | 1 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Chicago State IL Zip Code 60649  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Contribution  | <table border="1"><tr><td>1000.00</td></tr></table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1000.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name Rep. Jesse L. Jackson, Jr.   | <table border="1"><tr><td>011</td></tr></table> Category/Type  | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 02 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         |   | Contribution   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>Keep Nick Rahall In Congress Committee   | Transaction ID: 14244509<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address P O Box 64  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 1 |  | 2 | 0 | 0 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 6   |  | 1       | 1 |   | 2 | 0 | 0 | 7 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Beckley State WV Zip Code 25802  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Contribution  | <table border="1"><tr><td>1000.00</td></tr></table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1000.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name Rep. Nick J. Rahall, II  | <table border="1"><tr><td>011</td></tr></table> Category/Type  | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WV District: 03 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         |   | Contribution   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>3000.00</td></tr></table> | 3000.00 |
| 3000.00  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td> </td></tr></table>       |         |
|  |   |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Levin For Congress   | Transaction ID: 14244510<br>Date of Disbursement<br>06 / 11 / 2007 |
|    | Mailing Address PO Box 37   | Amount of Each Disbursement this Period<br>1500.00                 |
|    | City Roseville State MI Zip Code 48066  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Sander M. Levin<br>Category/Type 011  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 12<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Contribution   |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Citizens For John Olver For Congress   | Transaction ID: 14244512<br>Date of Disbursement<br>06 / 11 / 2007 |
|    | Mailing Address P.O. Box 819<br>PO Box 819  | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City Amherst State MA Zip Code 01004  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. John W. Olver<br>Category/Type 011  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MA District: 01<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Contribution   |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Hoosiers For Hill  | Transaction ID: 14244515<br>Date of Disbursement<br>06 / 11 / 2007 |
|    | Mailing Address PO Box 1071   | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City Seymour State IN Zip Code 47274  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Baron Hill<br>Category/Type 011   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 09<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Contribution   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
Matsui For Congress

Transaction ID: 14244517  
Date of Disbursement

Mailing Address PO Box 1738

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

City Sacramento State CA Zip Code 95812

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011  
Category/  
Type

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name  
Rep. Doris Matsui

Office Sought:  House  Senate  President  
State: CA District: 05  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Contribution

B.

Full Name (Last, First, Middle Initial)  
Committee To Re-Elect Loretta Sanchez

Transaction ID: 14244519  
Date of Disbursement

Mailing Address 1212 S Victory Bl Suite 211

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

City Burbank State CA Zip Code 91502

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011  
Category/  
Type

|         |
|---------|
| 2000.00 |
|---------|

Candidate Name  
Rep. Loretta Sanchez

Office Sought:  House  Senate  President  
State: CA District: 47  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Contribution

C.

Full Name (Last, First, Middle Initial)  
John Spratt For Congress Committee

Transaction ID: 14244522  
Date of Disbursement

Mailing Address Post Office Box 10986

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

City Rock Hill State SC Zip Code 29731

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011  
Category/  
Type

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name  
Rep. John M. Spratt, Jr.

Office Sought:  House  Senate  President  
State: SC District: 05  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

|         |
|---------|
| 4000.00 |
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>John Lewis For Congress</p> <p>Mailing Address 303 Peachtree Street, Ne Suite 5300</p> <p>City Atlanta State GA Zip Code 30308</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: GA District: 05</p>   | <p><b>Transaction ID:</b> 14244523<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> <p>Contribution</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 1 |  | 2 | 0 | 0 | 7 | 1000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 6   |   | 1 | 1 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield St #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name Rep. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: CO District: 07</p>     | <p><b>Transaction ID:</b> 14244525<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> <p>Contribution</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 1 |  | 2 | 0 | 0 | 7 | 1000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 6   |   | 1 | 1 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Jo Bonner For Congress Committee</p> <p>Mailing Address P.O.Box 851232</p> <p>City Mobile State AL Zip Code 36685</p> <p>Purpose of Disbursement Contribution <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name Rep. Josiah Robins Bonner, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: AL District: 01</p> | <p><b>Transaction ID:</b> 14244527<br/><b>Date of Disbursement</b><br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p> <p>Contribution</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 6 |  | 1 | 1 |  | 2 | 0 | 0 | 7 | 1000.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 6   |   | 1 | 1 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1000.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

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|--|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1" style="width: 100%;"><tr><td style="text-align: center;">3000.00</td></tr></table> | 3000.00 |
| 3000.00  |  |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>       |         |
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Texans For Henry Cuellar Congressional Campaign<br><hr/> Mailing Address 1519 Washington Street<br>2nd Floor Suite 200<br><hr/> City Laredo State TX Zip Code 78042<br><hr/> Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Rep. Henry Cuellar<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 28<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14244528<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 1 1 / 2 0 0 7 |
|   | Amount of Each Disbursement this Period<br>1000.00<br><hr/> Contribution                       |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Upton For All Of Us<br><hr/> Mailing Address P.O. Box 490<br><hr/> City St. Joseph State MI Zip Code 49085<br><hr/> Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Rep. Fred Upton<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 06<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14244529<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 1 1 / 2 0 0 7 |
|   | Amount of Each Disbursement this Period<br>1500.00<br><hr/> Contribution                       |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Cathy McMorris For Congress<br><hr/> Mailing Address Box 137<br><hr/> City Spokane State WA Zip Code 99210<br><hr/> Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Rep. Cathy McMorris Rodgers<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WA District: 05<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14244530<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 1 1 / 2 0 0 7 |
|   | Amount of Each Disbursement this Period<br>1000.00<br><hr/> Contribution                       |

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3500.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
Loeb sack For Congress

Transaction ID: 14244531  
Date of Disbursement

Mailing Address PO Box 1457

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

City Iowa City State IA Zip Code 52244

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011  
Category/  
Type

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name  
Rep. Dave Loeb sack

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: IA District: 02

Contribution

B.

Full Name (Last, First, Middle Initial)  
Jim Ramstad Volunteer Committeee

Transaction ID: 14244534  
Date of Disbursement

Mailing Address 1809 Plymouth Road South #310

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

City Minnetonka State MN Zip Code 55305

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011  
Category/  
Type

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name  
Rep. Jim M. Ramstad

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: MN District: 03

Contribution

C.

Full Name (Last, First, Middle Initial)  
Giffords For Congress

Transaction ID: 14244535  
Date of Disbursement

Mailing Address PO Box 12886

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

City Tucson State AZ Zip Code 85732

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011  
Category/  
Type

|         |
|---------|
| 1000.00 |
|---------|

Candidate Name  
Rep. Gabrielle Giffords

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: AZ District: 08

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

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| 3000.00 |
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TOTAL This Period (last page this line number only) .....

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Joe Donnelly For Congress</p> <p>Mailing Address PO Box 1961</p> <p>City South Bend State IN Zip Code 46634</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Rep. Joseph Donnelly<br/>Category/Type <b>011</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: IN District: 02</p>            | <p><b>Transaction ID:</b> 14244536<br/><b>Date of Disbursement:</b><br/>06 / 11 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Hayes For Congress</p> <p>Mailing Address Post Office Box 2000</p> <p>City Concord State NC Zip Code 28026</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Rep. Robin C. Hayes<br/>Category/Type <b>011</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: NC District: 08</p>              | <p><b>Transaction ID:</b> 14244537<br/><b>Date of Disbursement:</b><br/>06 / 11 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Ciro D. Rodriguez for Congress</p> <p>Mailing Address P.O. Box 14528</p> <p>City San Antonio State TX Zip Code 78214</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Rep. Ciro D. Rodriguez<br/>Category/Type <b>011</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: TX District: 28</p> | <p><b>Transaction ID:</b> 14244538<br/><b>Date of Disbursement:</b><br/>06 / 11 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Heath Shuler For Congress</p> <p>Mailing Address PO Box 8446</p> <p>City Asheville State NC Zip Code 28814</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Heath Shuler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NC District: 11</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14244539</p> <p>Date of Disbursement<br/>06 / 11 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/Type</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: PA District: 18</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14244540</p> <p>Date of Disbursement<br/>06 / 11 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p>011<br/>Category/Type</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Nancy Boyda For Congress</p> <p>Mailing Address PO Box 1474</p> <p>City Topeka State KS Zip Code 66601</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Nancy Boyda</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: KS District: 02</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 14244541</p> <p>Date of Disbursement<br/>06 / 11 / 2007</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>011<br/>Category/Type</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

4500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mary Bono Mack Committee</p> <p>Mailing Address P.O. Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 45</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                          | <p><b>Transaction ID:</b> 14244542<br/><b>Date of Disbursement</b><br/>06 / 11 / 2007</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>Contribution</p>      |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>BRIDGE PAC</p> <p>Mailing Address 499 South Capitol St., SW Suite 114</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name BRIDGE PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 14261836<br/><b>Date of Disbursement</b><br/>06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p>2007 Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Whitehouse For Senate</p> <p>Mailing Address PO Box 40280</p> <p>City Providence State RI Zip Code 02940</p> <p>Purpose of Disbursement 2006 Contribution</p> <p>Candidate Name Sen. Sheldon Whitehouse</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: RI District:</p> <p>Disbursement For: 2006<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify) ▼<br/>2006 General Debt Re</p> | <p><b>Transaction ID:</b> 14261838<br/><b>Date of Disbursement</b><br/>06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>2006 Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Friends Of Sessions Senate Committee Inc

Mailing Address P O Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Jeff Sessions

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AL District:

Transaction ID: 14261840  
Date of Disbursement

06 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Langevin For Congress

Mailing Address 181-A Knight St

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. James R. Langevin

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Transaction ID: 14261842  
Date of Disbursement

06 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Capuano For Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Michael E. Capuano

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MA District: 08

Transaction ID: 14261844  
Date of Disbursement

06 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Doyle For Congress Committee</p> <p>Mailing Address 205 Hawthorne Court</p> <p>City Pittsburgh State PA Zip Code 15221</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael F. Doyle</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: PA District: 14</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14261845<br/><b>Date of Disbursement</b><br/>06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Rahm Emanuel</p> <p>Mailing Address P.O. Box 101124</p> <p>City Chicago State IL Zip Code 60610</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Rahm Emanuel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IL District: 05</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> 14261847<br/><b>Date of Disbursement</b><br/>06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: KY District: 04</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 14261858<br/><b>Date of Disbursement</b><br/>06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Michael Burgess For Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Michael C. Burgess, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: TX District: 26</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 14261863</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p>      |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Susan Davis For Congress</p> <p>Mailing Address C/O 5946 Priestly Drive Suite 200</p> <p>City Carlsbad State CA Zip Code 92008</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Susan A. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 53</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14262237</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>Contribution</p>      |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Stabenow For Us Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826</p> <p>Purpose of Disbursement 2012 Contribution</p> <p>Candidate Name Sen. Debbie Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MI District:</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> 14262240</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>2012 Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Carolyn Mccarthy</p> <p>Mailing Address 151 Linden Road</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Carolyn McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 04</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 14262241<br/><b>Date of Disbursement</b><br/>06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Steve Israel For Congress Committee</p> <p>Mailing Address PO Box 777</p> <p>City Deer Park State NY Zip Code 11729</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Steve J. Israel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 02</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 14262250<br/><b>Date of Disbursement</b><br/>06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Pete King For Congress Committee</p> <p>Mailing Address Post Office Box 1428</p> <p>City Seaford State NY Zip Code 11783</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Peter T. King</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 03</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14262252<br/><b>Date of Disbursement</b><br/>06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Committee To Re-Elect Vito Fossella<br><hr/> Mailing Address 34 Dumont Avenue<br>34 Dumont Ave<br><hr/> City Staten Island State NY Zip Code 10305<br><hr/> Purpose of Disbursement Contribution<br>Contribution<br>Candidate Name Rep. Vito J. Fossella<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 13<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14262253<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 1 3 / 2 0 0 7 |
|   | Amount of Each Disbursement this Period<br>1000.00<br><hr/> Contribution                       |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Committee To Re-Elect Vito Fossella<br><hr/> Mailing Address 34 Dumont Avenue<br>34 Dumont Ave<br><hr/> City Staten Island State NY Zip Code 10305<br><hr/> Purpose of Disbursement Contribution<br>Contribution<br>Candidate Name Rep. Vito J. Fossella<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 13<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14262255<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 1 3 / 2 0 0 7 |
|   | Amount of Each Disbursement this Period<br>1000.00<br><hr/> Contribution                       |

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| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Serrano For Congress<br><hr/> Mailing Address Audobon Station<br>P.O. Box 711<br><hr/> City New York State NY Zip Code 10082<br><hr/> Purpose of Disbursement Contribution<br>Contribution<br>Candidate Name Rep. Jose E. Serrano<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 16<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14262256<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 6 / 1 3 / 2 0 0 7 |
|  | Amount of Each Disbursement this Period<br>2000.00<br><hr/> Contribution                       |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4000.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 92

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>John Hall For Congress<br><br>Mailing Address PO Box 469<br><br>City Beacon State NY Zip Code 12508<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. John Hall<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 19<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: 14264261<br>Date of Disbursement<br>06 / 13 / 2007<br><br>Amount of Each Disbursement this Period<br>2500.00<br><br>Contribution      |
| B. | Full Name (Last, First, Middle Initial)<br>Arcuri For Congress<br><br>Mailing Address P.O. Box 8508<br><br>City Utica State NY Zip Code 13505<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Michael A. Arcuri<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 24<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 14264262<br>Date of Disbursement<br>06 / 13 / 2007<br><br>Amount of Each Disbursement this Period<br>2500.00<br><br>Contribution      |
| C. | Full Name (Last, First, Middle Initial)<br>LINC PAC - Leadership in the New Century PAC<br><br>Mailing Address 818 Connecticut Ave.,NW Suite 1100<br><br>City Washington State DC Zip Code 20006<br><br>Purpose of Disbursement 2007 Contribution<br>Candidate Name LINC PAC - Leadership in the New Century PAC<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14277492<br>Date of Disbursement<br>06 / 26 / 2007<br><br>Amount of Each Disbursement this Period<br>2500.00<br><br>2007 Contribution |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 30</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14277505<br/><b>Date of Disbursement</b><br/>06 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Matheson For Congress</p> <p>Mailing Address PO Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: UT District: 02</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                | <p><b>Transaction ID:</b> 14277506<br/><b>Date of Disbursement</b><br/>06 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Blumenauer For Congress</p> <p>Mailing Address 830 Ne Holladay Suite 105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OR District: 03</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> 14277507<br/><b>Date of Disbursement</b><br/>06 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

7000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Hoosiers For Hill</p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement Contribution<br/>011<br/>Category/Type</p> <p>Candidate Name Rep. Baron Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 09</p>                      | <p><b>Transaction ID:</b> 14277508<br/><b>Date of Disbursement</b><br/>06 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Lee Terry For Congress</p> <p>Mailing Address P.O. Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement Contribution<br/>011<br/>Category/Type</p> <p>Candidate Name Rep. Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: NE District: 02</p>                | <p><b>Transaction ID:</b> 14277511<br/><b>Date of Disbursement</b><br/>06 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Ben Chandler For Congress</p> <p>Mailing Address P. O. Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Contribution<br/>011<br/>Category/Type</p> <p>Candidate Name Rep. Benjamin Chandler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: KY District: 06</p> | <p><b>Transaction ID:</b> 14277514<br/><b>Date of Disbursement</b><br/>06 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Citizens To Elect Rick Larsen</p> <p>Mailing Address PO Box 326</p> <p>City Everett State WA Zip Code 98206</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Rick Larsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: WA District: 02</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 14277515<br/><b>Date of Disbursement</b><br/>06 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p>       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Democratic National Committee</p> <p>Mailing Address 430 South Capitol Street</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                              | <p><b>Transaction ID:</b> 14291431<br/><b>Date of Disbursement</b><br/>06 / 20 / 2007</p> <p>Amount of Each Disbursement this Period<br/>15000.00</p> <p>011<br/>Category/<br/>Type</p> <p>2007 Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Harry Mitchell For Congress</p> <p>Mailing Address PO Box 23748</p> <p>City Tempe State AZ Zip Code 85285</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Harry Mitchell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AZ District: 05</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14291434<br/><b>Date of Disbursement</b><br/>06 / 20 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p>       |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

17000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Congressman Joe Barton Committee, The</p> <p>Mailing Address P.O. Box 1444</p> <p>City Ennis State TX Zip Code 75120</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Joe L. Barton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: TX District: 06</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> 14291439</p> <p>Date of Disbursement<br/>06 / 20 / 2007</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>Contribution</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Roskam For Congress Committee</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Peter Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IL District: 06</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                          | <p><b>Transaction ID:</b> 14291441</p> <p>Date of Disbursement<br/>06 / 20 / 2007</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>John Campbell For Congress</p> <p>Mailing Address 4590 Macarthur Boulevard Suite 500</p> <p>City Newport Beach State CA Zip Code 92660</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. John Campbell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 48</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14291442</p> <p>Date of Disbursement<br/>06 / 20 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Lois Capps</p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 23</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                       | <p><b>Transaction ID:</b> 14291443<br/><b>Date of Disbursement</b><br/>06 / 20 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Friends Of Sessions Senate Committee Inc</p> <p>Mailing Address P O Box 4278</p> <p>City Montgomery State AL Zip Code 36103</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Sen. Jeff Sessions</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AL District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> 14291444<br/><b>Date of Disbursement</b><br/>06 / 20 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Rangel For Congress</p> <p>Mailing Address PO Box 5577<br/>Manhattanville Sta</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Charles B. Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 15</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14291445<br/><b>Date of Disbursement</b><br/>06 / 20 / 2007</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Higgins For Congress<br>Mailing Address PO Box 28<br>City Buffalo State NY Zip Code 14220<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Brian M. Higgins<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 27<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14291446<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 13 / 2007 |
|  | Amount of Each Disbursement this Period<br>2000.00<br>Contribution                        |

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|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>National Republican Congressional Committee<br>Mailing Address 320 First Street, SE<br>City Washington State DC Zip Code 20003<br>Purpose of Disbursement 2007 Contribution<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14291447<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 21 / 2007 |
|   | Amount of Each Disbursement this Period<br>15000.00<br>2007 Contribution                  |

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| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>All America PAC<br>Mailing Address 607 14th Street, NW Suite 800<br>City Washington State DC Zip Code 20005<br>Purpose of Disbursement 2007 Contribution<br>Candidate Name All America PAC<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14291462<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 21 / 2007 |
|  | Amount of Each Disbursement this Period<br>2000.00<br>2007 Contribution                   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 19000.00    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Shelley Moore Capito For Congress

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Shelley Moore Capito

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WV District: 02

Transaction ID: 14291463  
Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Kagen 4 Congress

Mailing Address 100 W. College Ave.  
50 D

City Appleton State WI Zip Code 54911

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Steve Kagen

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Transaction ID: 14291465  
Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Diana DeGette

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Transaction ID: 14291467  
Date of Disbursement

06 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Becerra For Congress<br>Mailing Address P.O. Box 261060<br>City Los Angeles State CA Zip Code 90026<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Xavier Becerra<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 31<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14291469<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 21 / 2007 |
|  | Amount of Each Disbursement this Period<br>2000.00<br>Contribution                        |

|   |   |
|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Reynolds For Congress<br>Mailing Address PO Box 15388<br>Pittsford<br>City Rochester State NY Zip Code 14615<br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Thomas M. Reynolds<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 26<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14291476<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 21 / 2007 |
|   | Amount of Each Disbursement this Period<br>1000.00<br>Contribution                        |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Mike Ross For Congress Committee<br>Mailing Address PO Box 360<br>City Prescott State AR Zip Code 71857<br>Purpose of Disbursement Void of 5/07 check<br>Candidate Name Rep. Michael A. Ross<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AR District: 04<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14296196<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>06 / 29 / 2007 |
|   | Amount of Each Disbursement this Period<br>-2000.00<br>Void of 5/07 check                 |

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|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1000.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |  |  |
|-----------|--|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Gordon Smith for U.S. Senate<br><br>Mailing Address 5285 SW Meadows Road, Suite 181<br><br>City Lake Oswego State OR Zip Code 97035<br><br>Purpose of Disbursement Contribution<br>Candidate Name Sen. Gordon Smith<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OR District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 14296211<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 6 / 2 0 0 7 | Amount of Each Disbursement this Period<br>2000.00 |
|           |  | Contribution   |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Friends Of John Tanner<br><br>Mailing Address Post Office Box 1994<br><br>City Union City State TN Zip Code 38281<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. John S. Tanner<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TN District: 08<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | <b>Transaction ID:</b> 14296216<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 6 / 2 0 0 7 | Amount of Each Disbursement this Period<br>1000.00 |
|           |  | Contribution   |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Boswell For Congress<br><br>Mailing Address PO Box 6220<br><br>City Des Moines State IA Zip Code 50309<br><br>Purpose of Disbursement Contribution<br>Candidate Name Rep. Leonard L. Boswell<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 03<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                     | <b>Transaction ID:</b> 14296645<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 6 / 2 0 0 7 | Amount of Each Disbursement this Period<br>1000.00 |
|           |  | Contribution   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|           |  |  |  |
|-----------|--|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Friends Of John Barrow<br><hr/> Mailing Address PO Box 8166<br><hr/> City Savannah State GA Zip Code 31412<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. John Barrow<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: GA District: 12<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | <b>Transaction ID:</b> 14313429<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 6 / 2 0 0 7 | Amount of Each Disbursement this Period<br>1000.00<br>Contribution |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Courtney For Congress<br><hr/> Mailing Address 38 Risley Road<br><hr/> City Vernon State CT Zip Code 06066<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Joseph D. Courtney<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 02<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Transaction ID:</b> 14313607<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 6 / 2 0 0 7 | Amount of Each Disbursement this Period<br>1000.00<br>Contribution |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Joe Donnelly For Congress<br><hr/> Mailing Address PO Box 1961<br><hr/> City South Bend State IN Zip Code 46634<br><hr/> Purpose of Disbursement Contribution<br>Candidate Name Rep. Joseph Donnelly<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 14313991<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 6 / 2 6 / 2 0 0 7 | Amount of Each Disbursement this Period<br>1000.00<br>Contribution |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Giffords For Congress  | Transaction ID: 14314090<br>Date of Disbursement<br>06 / 26 / 2007 |
|    | Mailing Address PO Box 12886  | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City Tucson State AZ Zip Code 85732   |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Gabrielle Giffords<br>Category/Type 011   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: AZ District: 08 | Contribution   |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Loebsack For Congress  | Transaction ID: 14314205<br>Date of Disbursement<br>06 / 26 / 2007 |
|    | Mailing Address PO Box 1457   | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City Iowa City State IA Zip Code 52244  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Dave Loebsack<br>Category/Type 011  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: IA District: 02 | Contribution   |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Friends Of Jim Marshall  | Transaction ID: 14314342<br>Date of Disbursement<br>06 / 26 / 2007 |
|    | Mailing Address 586 Orange Street   | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City Macon State GA Zip Code 31201  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Jim Marshall<br>Category/Type 011   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: GA District: 08 | Contribution   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Perlmutter For Congress</p> <p>Mailing Address 3440 Youngfield St #264</p> <p>City Wheat Ridge State CO Zip Code 80033</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Edwin Perlmutter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 07</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> 14314556</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Sestak For Congress</p> <p>Mailing Address P.O. Box 16</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Joe Sestak</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 07</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                      | <p><b>Transaction ID:</b> 14314707</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Zack Space For Congress Committee</p> <p>Mailing Address 123 West High Avenue</p> <p>City New Philadelphia State OH Zip Code 44663</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Zachary Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 18</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14314786</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Contribution</p> |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="3000.00"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text" value=""/></p>        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Tim Walz For Us Congress</p> <p>Mailing Address PO Box 938</p> <p>City Mankato State MN Zip Code 56002</p> <p>Purpose of Disbursement Contribution<br/>011<br/>Category/Type</p> <p>Candidate Name<br/>Rep. Timothy Walz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: MN District: 01</p>                                       | <p><b>Transaction ID:</b> 14314880<br/><b>Date of Disbursement:</b><br/>06 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mcnerney For Congress</p> <p>Mailing Address 6520 Village Parkway<br/>Second Floor</p> <p>City Dublin State CA Zip Code 94568</p> <p>Purpose of Disbursement Contribution<br/>011<br/>Category/Type</p> <p>Candidate Name<br/>Rep. Jerry McNerney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 11</p>              | <p><b>Transaction ID:</b> 14315036<br/><b>Date of Disbursement:</b><br/>06 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Contribution</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Committee To Elect Gary Ackerman</p> <p>Mailing Address 100 Jericho Quadrangle<br/>Suite 233</p> <p>City Jericho State NY Zip Code 11753</p> <p>Purpose of Disbursement Contribution<br/>011<br/>Category/Type</p> <p>Candidate Name<br/>Rep. Gary L. Ackerman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 05</p> | <p><b>Transaction ID:</b> 14315128<br/><b>Date of Disbursement:</b><br/>06 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 88 / 92

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Gillibrand For Congress</p> <p>Mailing Address P.O. Box 15734</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Kirsten Gillibrand</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 20</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> 14315210<br/><b>Date of Disbursement</b><br/>06 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p>      |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Ellen Tauscher For Congress</p> <p>Mailing Address 20 Park Road Suite E</p> <p>City Burlingame State CA Zip Code 94010</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Rep. Ellen O. Tauscher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 10</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 14315333<br/><b>Date of Disbursement</b><br/>06 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Contribution</p>      |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>M-PAC</p> <p>Mailing Address 3417 Fremont Ave N Suite 400</p> <p>City Seattle State WA Zip Code 98103</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name M-PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 14315456<br/><b>Date of Disbursement</b><br/>06 / 27 / 2007</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>011<br/>Category/<br/>Type</p> <p>2007 Contribution</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

8000.00

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)  
The Madison PAC

Transaction ID: 14315548  
Date of Disbursement

Mailing Address 235 State Street  
#206

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 0 | 7 |

City Springfield State MA Zip Code 01103

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement  
2007 Contribution

|     |
|-----|
| 011 |
|-----|

Category/  
Type

Candidate Name  
The Madison PAC

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

2007 Contribution

State: District:

B.

Full Name (Last, First, Middle Initial)  
Doggett For Us Congress

Transaction ID: 14316477  
Date of Disbursement

Mailing Address 1157 San Bernard

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 0 | 7 |

City Austin State TX Zip Code 78702

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement  
Contribution

|     |
|-----|
| 011 |
|-----|

Category/  
Type

Candidate Name  
Rep. Lloyd Doggett

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Contribution

State: TX District: 25

C.

Full Name (Last, First, Middle Initial)  
Sanford D. Bishop Jr. For Congress

Transaction ID: 14316618  
Date of Disbursement

Mailing Address P. O. Box 909

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 0 | 7 |

City Columbus State GA Zip Code 31902

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement  
Contribution

|     |
|-----|
| 011 |
|-----|

Category/  
Type

Candidate Name  
Rep. Sanford D. Bishop, Jr.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Contribution

State: GA District: 02

**SUBTOTAL** of Disbursements This Page (optional) .....

|         |
|---------|
| 7000.00 |
|---------|

**TOTAL** This Period (last page this line number only) .....

|  |
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|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>John Salazar For Congress   | Transaction ID: 14317096<br>Date of Disbursement<br>06 / 28 / 2007 |
|    | Mailing Address PO Box 534   | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City Pueblo State CO Zip Code 81002  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. John T. Salazar<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CO District: 03 | 011<br>Category/<br>Type   |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Contribution   |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Stephanie Tubbs Jones For U.S. Congress   | Transaction ID: 14317295<br>Date of Disbursement<br>06 / 28 / 2007 |
|    | Mailing Address 3729 Silsby Rd   | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City University Heights State OH Zip Code 44118  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Stephanie Tubbs Jones<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 11 | 011<br>Category/<br>Type   |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Contribution   |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Betty Sutton For Congress  | Transaction ID: 14317495<br>Date of Disbursement<br>06 / 28 / 2007 |
|    | Mailing Address 1700 W. Market St. #155   | Amount of Each Disbursement this Period<br>1000.00                 |
|    | City Akron State OH Zip Code 44313  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Rep. Betty Sutton<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 13 | 011<br>Category/<br>Type   |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Contribution   |

|  |           |
|--|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 3000.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 205550.00 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>American Express  | Transaction ID: 14346632<br>Date of Disbursement<br>06 / 01 / 2007  |
|    | Mailing Address Ste. 001   | Amount of Each Disbursement this Period<br>4.50   |
|    | City Chicago State IL Zip Code 60679   |   |
|    | Purpose of Disbursement Merchant Service Fee<br>Candidate Name   | 001<br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Merchant Service Fee  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Merchant Bankcard   | Transaction ID: 14346634<br>Date of Disbursement<br>06 / 04 / 2007  |
|    | Mailing Address 1601 Elm Street  | Amount of Each Disbursement this Period<br>80.40  |
|    | City Dallas State TX Zip Code 75201  |   |
|    | Purpose of Disbursement Merchant Service Fee<br>Candidate Name   | 001<br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Merchant Service Fee  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Merchant Bankcard   | Transaction ID: 14346635<br>Date of Disbursement<br>06 / 05 / 2007  |
|    | Mailing Address 1601 Elm Street  | Amount of Each Disbursement this Period<br>103.75   |
|    | City Dallas State TX Zip Code 75201  |   |
|    | Purpose of Disbursement Merchant Service Fee<br>Candidate Name   | 001<br>Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    |  | Merchant Service Fee  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 188.65 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 92 / 92

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Hospital Association PAC

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>American Express<br>Mailing Address Ste. 001<br>City Chicago State IL Zip Code 60679<br>Purpose of Disbursement Merchant Service Fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14346638<br>Date of Disbursement<br>06 / 05 / 2007       |
|  | Amount of Each Disbursement this Period<br>49.41<br>Merchant Service Fee |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Citibank, F.S.B.<br>Mailing Address 1400 G Street, NW<br>City Washington State DC Zip Code 20005<br>Purpose of Disbursement Bank Fee<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 14346639<br>Date of Disbursement<br>06 / 19 / 2007       |
|  | Amount of Each Disbursement this Period<br>47.06<br>Bank Fee             |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

96.47

**TOTAL** This Period (last page this line number only) ..... ►

285.12